COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time StareCEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 2018 MAY -4 AM 9: 37

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING
Name of Traveler: James Quinn
Employing Office/Committee: Sen. Bill Cassidy, M.D.
Travel Expenses Paid by (List all sources): Feb. 20-22, 2018 Travel Date(s):
Description/Title of Attached Forms: Employee Pre Travel Authorization
Purpose of Amendment (describe the reason for amending original submission): Original submission
5/4/2018 (Date) (Signature of Traveler)





Pre-Travel Filing Instructions: Complete and submit this form at least 30 days

prior to the travel departure date to the Select Committee on Ethics in SH-220.

Incomplete and late travel submissions will not be considered or approved. This

Date/Time Stamp:

form <u>must</u> be typed and is available as a fillable PDF on the at ethics.senate.gov. Retain a copy of your entire pre-travel required post-travel disclosure.	Committee's website submission for your	ETHIC JAN16'18AM18:28
Name of Traveler:	James L Quinn	
Employing Office/Committee:	Sen. Bill Cassidy	
Private Sponsor(s) (list all): Motion Picture Assoc of An	nerica	
Feb 20-22, 2018 Travel date(s):		
Note: If you plan to extend the trip for any reason yo	nu must notify the Committee	
Los Angeles, CA Destination(s):		
Explain how this trip is specifically connected to the traveler	's official or representational	l duties:
Louisiana has had a strong assocation with tv and film making in understanding of the issues facing the industry. As a staffer for a over tax and trade matters, the trip will help me know how the ch production and distribution.	a member of the Senate Finance	a Committee which has jurisdiction
Name of accompanying family member (if any): N/A Relationship to Employee: Spouse Child		
I certify that the information contained in this form is true, c	omplete and correct to the be	est of my knowledge:
(Date)	// CE	
(Date)	(Signati	ure of Employee)
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER Secretary for the Majority, Secretary for the Minority, and Chaplain	in):	
I, hereby as	Jan	nes Quinn
(Print Senator's/Officer's Name)		Traveler's Name)
an employee under my direct supervision, to accept payment	t or reimbursement for neces	sary transportation lodging and
related expenses for travel to the event described above. I have		• — —
duties as a Senate employee or an officeholder, and will not		
private gain.		or prior aprile binorio orritor for
I have also determined that the attendance of the employee's	s spouse or child is appropria	te to assist in the representation
of the Senate. (signify "yes" by checking box)	_	
1-16-18	3	(652/
(Date)	(Signature of Superv	ising Senator/Officer)